

# Texas Education Agency Standard Application System (SAS)

2017–2018 Perkins Reserve Grant		
<b>Program authority:</b>	Title I, Part A, Carl D. Perkins Career and Technical Education Act of 2006, Public Law 109-270, Section 112(a)(1)	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here:</small>
<b>Grant Period:</b>	November 13, 2017, to August 31, 2018	
<b>Application deadline:</b>	5:00 p.m. Central Time, September 26, 2017	<small>Place date stamp here.</small>
<b>Submittal information:</b>	<p>One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	
<b>Contact information:</b>	Diane Salazar: <a href="mailto:diane.salazar@tea.texas.gov">diane.salazar@tea.texas.gov</a> ; (512) 936-6060	

RECEIVED  
 TEXAS EDUCATION AGENCY  
 2017 SEP 25 AM 8:22  
 DOCUMENT CONTROL CENTER

## Schedule #1—General Information

Part 1: Applicant Information				
Organization name	County-District #		Amendment #	
Life School	057807			
Vendor ID #	ESC Region #			
	10			
Mailing address		City	State	ZIP Code
132 East Ovilla Rd, Suite A		Red Oak	TX	751554
Primary Contact				
First name	M.I.	Last name	Title	
Kay		Bateman	Federal Programs Manager	
Telephone #	Email address		FAX #	
469-850-5433	<a href="mailto:kay.bateman@lifeschools.net">kay.bateman@lifeschools.net</a>		469-850-54534	
Secondary Contact				
First name	M.I.	Last name	Title	
Leigh		Dopson	CTE Manager	
Telephone #	Email address		FAX #	
469-850-5433	<a href="mailto:leigh.dopson@lifeschools.net">leigh.dopson@lifeschools.net</a>		469-850-5434	
Part 2: Certification and Incorporation				

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

### Authorized Official:

First name	M.I.	Last name	Title
Brent		Wilson	Superintendent
Telephone #	Email address		FAX #
469-850-5433	<a href="mailto:brent.wilson@lifeschools.net">brent.wilson@lifeschools.net</a>		469-850-5434
Signature (blue ink preferred)		Date signed	

Only the legally responsible party may sign this application.

701-17-103-011

**Schedule #1—General Information**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <a href="#">General and Fiscal Guidelines</a> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <a href="#">General Provisions and Assurances</a> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <a href="#">Debarment and Suspension Certification</a> requirements.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurances that they will continue to meet all Statutory Requirements as outlined in their 2017–2018 Perkins Formula Grant incorporated by reference.
4.	The applicant assures that its ability is to meet the 20% match requirement.
5.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the curriculum they develop will be appropriately aligned to marketable skills in the identified high-demand occupations. It may include industry recognized credentialing as part of the degree plan.
6.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the development and implementation of industry experiences, including mentorship programs, internships, externships, and/or apprenticeship, will expose students to applied learning and real-world work activities in the identified high-demand occupation(s).
7.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that, within 90 days of the grant start, awarded applicants will submit a Memorandum of Understanding (MOU) detailing the relationship between the dual credit partner, the LEA, and business and industry partner(s).

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #4—Request for Amendment**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Submitting an Amendment**

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail **or** by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**Part 2: When an Amendment Is Required**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

**Part 3: Revised Budget**

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total costs:		\$	\$	\$	\$

**For TEA Use Only**

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

**Schedule #4—Request for Amendment (cont.)**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:



**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Indicate the Focus Area for which you are applying. **Only one Focus Area may be selected per application, limit of two applications per LEA** (see Program Guidelines pages 8 and 11 for more information on eligibility requirements for each of the Focus Areas).

☐ Focus Area 1: Pathway Hubs, Rural Schools

☐ Focus Area 2: Pathway Hubs, Career Center Partnerships

☒ Focus Area 3: CTE Career Cluster

☐ Focus Area 4: Testing Site/Licensed Instructor

Currently, we offer the Health Science Cluster. Our students complete their practicum experience at Baylor Scott and White Waxahachie hospital.

Last year we added the Kaduceus pharmacy tech certification program so that the students in the practicum could earn the industry certification for pharmacy tech. In the 2017-2018 school year, TEA approved a CTE Pharmacology course where students can achieve the pharmacy tech certification. We have added this course to our health sciences career cluster. This has created an opportunity to allow students in the practicum the ability to complete another industry standard certification. We have chosen to add the patient care technician certification as it aligns so closely with the work that they do within the hospital setting as part of their practicum.

We have adjusted our career cluster to have multiple options:

Option 1: BIM 1, Principles of Health Science, Health Science Theory, Practicum in Health Science w/certification for patient care technician.

Option 2: BIM 1, Principles of Health Science, Health Science Theory, and Pharmacology

To provide students with the skill set and materials needed to achieve this industry standard certificate we have researched a program that offers the complete package. The program provides a teacher training component to ensure that our teachers are well educated in the curriculum, and continued training is provided on a yearly basis. In addition, students are provided with the workbook materials and access to the online curriculum for the patient care technician program. The program also provides supplies relevant to this line of work where students are trained on the industry standard equipment.

As students progress through the program, we can also provide students the opportunity to receive their phlebotomy certification as well. This will be assessed by the instructor to determine whether the student is ready. The curriculum and materials are included within the patient care technician program. If they sit for the phlebotomy exam, we would incur an additional cost for each exam.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #5—Program Executive Summary (cont.)**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:



**Schedule #6—Program Budget Summary**

County-district number or vendor ID: 057807				Amendment # (for amendments only):		
Program authority: Title I, Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109-270, Sec. 112 (a)(1)						
Grant period: November 13, 2017, to August 31, 2018				Fund code: 244		
<b>Budget Summary</b>						
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost	Match
Schedule #7	Payroll Costs (6100)	6100	\$	\$	\$	\$
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$	\$
Schedule #9	Supplies and Materials (6300)	6300	\$17500	\$	\$14000	\$3500
Schedule #10	Other Operating Costs (6400)	6400	\$2500	\$	\$2000	\$500
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$	\$
Grand total of budgeted costs (add all entries in each column):			<b>\$20000</b>	<b>\$</b>	<b>\$16000</b>	<b>\$4000</b>
<b>Administrative Cost Calculation</b>						
Enter the total grant amount requested:					\$	
Percentage limit on administrative costs established for the program (5%):					× .05	
Multiply and round down to the nearest whole dollar. Enter the result.					\$	
This is the maximum amount allowable for administrative costs, including indirect costs:						

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

<b>Schedule #7—Payroll Costs (6100)</b>					
County-district number or vendor ID: 057807				Amendment # (for amendments only):	
Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted	Match
<b>Academic/Instructional</b>					
1					
2	Educational aide			\$	\$
3	Tutor			\$	\$
<b>Program Management and Administration</b>					
4	Project director			\$	\$
5	Project coordinator			\$	\$
6	Teacher facilitator			\$	\$
7	Teacher supervisor			\$	\$
8	Secretary/administrative assistant			\$	\$
9	Data entry clerk			\$	\$
10	Grant accountant/bookkeeper			\$	\$
11	Evaluator/evaluation specialist			\$	\$
<b>Auxiliary</b>					
12	Counselor			\$	\$
13	Social worker			\$	\$
14	Community liaison/parent coordinator			\$	\$
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>					
15					
16					
17					
18					
19					
20					
<b>Other Employee Positions</b>					
21	Title			\$	\$
22	Title			\$	\$
23	Title			\$	\$
24	Subtotal employee costs:			\$	\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>					
25	6112 Substitute pay			\$	\$
26	6119 Professional staff extra-duty pay			\$	\$
27	6121 Support staff extra-duty pay			\$	\$
28	6140 Employee benefits			\$	\$
29	61XX Tuition remission (IHEs only)			\$	\$
30	Subtotal substitute, extra-duty, benefits costs			\$	\$
31	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>			\$	\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

<b>For TEA Use Only</b>	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

<b>Schedule #8—Professional and Contracted Services (6200)</b>			
County-district number or vendor ID: 057807		Amendment # (for amendments only):	
<b>NOTE:</b> Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.			
<b>Professional and Contracted Services Requiring Specific Approval</b>			
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>	<b>Match</b>
6269	Rental or lease of buildings, space in buildings, or land	\$	\$
	Specify purpose:		
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		\$	\$
<b>Professional and Contracted Services</b>			
<b>#</b>	<b>Description of Service and Purpose</b>	<b>Grant Amount Budgeted</b>	<b>Match</b>
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$
10		\$	\$
11		\$	\$
12		\$	\$
13		\$	\$
14		\$	\$
<b>b. Subtotal of professional and contracted services:</b>		\$	\$
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		\$	\$
<b>(Sum of lines a, b, and c) Grand total</b>		\$	\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

<b>For TEA Use Only</b>	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

**Schedule #9—Supplies and Materials (6300)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Supplies and Materials Requiring Specific Approval**

		Grant Amount Budgeted	Match
6300	Total supplies and materials that do not require specific approval:	\$14000	\$3500
<b>Grand total:</b>		<b>\$14000</b>	<b>\$3500</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

<b>Schedule #10—Other Operating Costs (6400)</b>			
County-District Number or Vendor ID: 057807		Amendment number (for amendments only):	
Expense Item Description		Grant Amount Budgeted	Match
6413	Stipends for non-employees other than those included in 6419	\$	\$
6419	Non-employee costs for conferences. Requires pre-authorization in writing.	\$	\$
Subtotal other operating costs requiring specific approval:		\$	\$
	Remaining 6400—Other operating costs that do not require specific approval:	\$2000	\$500
<b>Grand total:</b>		<b>\$2000</b>	<b>\$500</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

<b>For TEA Use Only</b>	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

<b>Schedule #11—Capital Outlay (6600)</b>					
County-District Number or Vendor ID: 057807				Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted	Match
<b>6669—Library Books and Media (capitalized and controlled by library)</b>					
1		N/A	N/A	\$	\$
<b>66XX—Computing Devices, capitalized</b>					
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$
7			\$	\$	\$
8			\$	\$	\$
9			\$	\$	\$
10			\$	\$	\$
11			\$	\$	\$
<b>66XX—Software, capitalized</b>					
12			\$	\$	\$
13			\$	\$	\$
14			\$	\$	\$
15			\$	\$	\$
16			\$	\$	\$
17			\$	\$	\$
18			\$	\$	\$
<b>66XX—Equipment, furniture, or vehicles</b>					
19			\$	\$	\$
20			\$	\$	\$
21			\$	\$	\$
22			\$	\$	\$
23			\$	\$	\$
24			\$	\$	\$
25			\$	\$	\$
26			\$	\$	\$
27			\$	\$	\$
28			\$	\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>					
29				\$	\$
<b>Grand total:</b>				<b>\$</b>	<b>\$</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

<b>For TEA Use Only</b>	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

**Schedule #12—Demographics and Participants to Be Served with Grant Funds**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds.** Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.

Student Category	Student Number	Student Percentage	Comment
Economically disadvantaged	2	40%	
Limited English proficient (LEP)	0	0%	
Attendance rate	NA	%	
Annual dropout rate (Gr 9-12)	NA	%	
Teacher Category	Teacher Number	Teacher Percentage	Comment
1-5 Years Exp.	0	0%	
6-10 Years Exp.	0	0%	
11-20 Years Exp.	1	100%	
20+ Years Exp.	0	0%	
No degree	0	0%	
Bachelor's Degree	0	0%	
Master's Degree	0	0%	
Doctorate	1	100%	Doctor of Chiropractic Degree (Has a bachelor degree as well.)

**Part 2: Students/Teachers To Be Served With Grant Funds.** Enter the number of students in each grade, by type of school, projected to be served under the grant program.

**School Type:** ☐ Public ☒ Open-Enrollment Charter ☐ Private Nonprofit ☐ Private For Profit ☐ Public Institution

**Students**

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
													5	5

**Teachers**

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
													1	1

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:



**Schedule #13—Needs Assessment**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

This program is to be implemented at our Life High School Waxahachie campus. This campus has an industry partner to provide the real world connections for the health science cluster. Our campus nurse, who is also a Registered Nurse, will provide real world training applications in patient care under the direction of our classroom teacher.

Our Life School Oak Cliff campus has limited options in this cluster as we have not been able to secure an industry partner in the area. As the program model at Life High School Waxahachie becomes fully developed we will mirror the program at the Life School Oak Cliff Campus.

Each campus offers cluster pathways unique to their student interest, campus set up and teacher availability/credentials for the required courses.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top three to five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Teacher training in Patient Care Technician certification	The program would provide the training that the CTE teacher would need in order to effectively deliver the content in the curriculum.
2.	Provide a robust curriculum that fully prepares students in the area of patient care	Students will be given access to an online curriculum that will be covered within the classroom that prepares them for the certification test and ultimately a career in patient care.
3.	Provide industry standard certifications for students in the area of Patient Care Technician	Students will be given the opportunity to take the Patient Care Technician certification test. Upon successful completion students would have employability skills in this field.
4.		
5.		

**For TEA Use Only**

Changes on this page have been confirmed with:

Via telephone/fax/email (circle as appropriate)

On this date:

By TEA staff person:

**Schedule #14—Management Plan**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	CTETeacher	The current health science teacher is certified in Health Science Technology Education for Grades (8-12), she has a Doctor of Chiropractic degree and has remained fully licensed in this field.
2.	Director of Education	Life School does not hire this position, it is the liaison from Baylor Scott and White Hospital.
3.		
4.		
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Provide teacher training for the Patient Care Curriculum / Exam	1. Teacher will complete training program to become an expert on the curriculum and certification test for patient care.	10/15/2017	10/30/2017
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.	Students will receive quality instruction in the area of patient care.	1. Students will complete all curriculum and practice exercises provided.	11/1/2017	5/14/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.	Students will take the certification exam.	1. Students will take and pass the certification test.	5/1/2018	5/31/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.	Growth of the program.	1. All student in the Health Science Practicum will participate in the Patient Care Technician curriculum and take the certification test at the end of each year. (on-going)	10/15/2017	05/31/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

	2.		XX/XX/XXXX	XX/XX/XXXX
	3.		XX/XX/XXXX	XX/XX/XXXX
	4.		XX/XX/XXXX	XX/XX/XXXX
	5.		XX/XX/XXXX	XX/XX/XXXX

**Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.**

**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

As a charter school, we strive to develop a robust set of clusters. We take steps each year to add depth to each cluster; therefore, as a developing program and needs are greater than most of our ISD counterparts who have well developed programs that have been in place for many, many years. We have really come a long way in building a robust program, rather than just meeting the required components.

Our district currently sets goals and objectives through campus improvement plans and needs assessments. These plans are monitored quarterly and evaluated for progress.

In addition, we have a Career and Technical Education Manager that works closely with community partners, teachers and other administrative staff to ensure that the program is growing and goals and objectives are being met. She has established a short and long term plan for the growth of our CTE program specific to each campus based on the needs and resources available to them. As the program has grown, it has been a priority to build depth in the program, not just the quantity of classes offered. She has worked tirelessly to add practicum level courses so that students are really prepared for the workforce. The courses being offered leading up to the practicum have become more diverse as the program has grown. This has opened the door for many pathways to certification under the same career cluster umbrella. Our desire is to ensure that students have the opportunity to follow their passion in a given field, not just a one track program under each cluster.

The course guide is reviewed each year through a collaboration of many stakeholders. At these planning meetings adjustments are made based on the specific needs presented. This guide is also shared with each student and parent.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #15—Project Evaluation**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Students will complete assignments and assessments using the program.	1.	Teacher will monitor daily lessons and assignments.
		2.	Teachers will evaluate progress every 3 weeks and provide reports to students and parents.
		3.	9-Week report cards
2.	Students will complete the practice tests included within the program to prepare for the actual certification tests.	1.	Students will take a practice certification test.
		2.	Teacher will review and provide interventions if needed
		3.	
3.	Students take the official certification exam	1.	The target is for at least 80% (4 of the 5) to reach the standard to become certified.
		2.	
		3.	
4.		1.	
		2.	
		3.	
5.		1.	
		2.	
		3.	

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 1:** Explain how the project identified the high-demand occupations and their related programs of study in partnership with the local workforce development board. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

According to the Texas Career Check, the career trends for Registered Nurses is ranked #1 in the projected Texas annual openings. They are predicting 10,815 openings. With an increase of 31.23%.

In these statistics they report the following % of RN's employed and % Annual Growth Rate:

General medical and surgical hospitals	57.1% employed	.83% growth rate
Offices of physicians	6.7% employed	2.06% growth rate
Home health care services	6.2% employed	4.86% growth rate
Nursing care facilities	5.4% employed	1.41% growth rate
Outpatient Care Centers	4.0% employed	4.48% growth rate
Other hospitals	2.1% employed	2.62% growth rate

The annual growth rate for our area, North Texas, in the field of registered nurse is 2.52%. As the data demonstrates this is a high need field.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 2:** Describe how you will design at least one program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-demand occupations identified by local regional workforce board. The program of study should build in rigor as students progress through high school. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Our career cluster for Health Science provides the basic foundation for students to pursue a career in the medical field, while allowing them to enter the workforce in the chosen field as they pursue their degree.

Our cluster includes the following courses: BIM I, Principles of Health Science, Health Science Theory, Practicum in Health Science, Pharmacology and Anatomy and Physiology. Many of our students also take professional communications even though it is not listed within the sequence.

Our partnership with Baylor Scott and White hospital gives them real world experiences in the chosen field of study. Students are provided with a course sequence that allows them to grow and progress to an advanced level where they take the practicum course and sit for the industry standard certifications of Pharmacy Tech and Patient Care Tech.

When you look at the courses we offer and compare them to post-secondary courses you will find they are aligned seamlessly.

Life School Courses

Principles of Health Science  
Health Science Theory  
Practicum in Health Science  
Pharmacology

Community College (LVN Program)

Health Science  
Health Science  
Basic Nursing Skills  
Pharmacology

Life School Courses

Principles of Health Science  
Health Science Theory  
Practicum in Health Science  
Pharmacology  
Anatomy & Physiology  
Professional Communications

Community College (LVN to RN Program)

Health Science  
Health Science  
Basic Nursing Skills  
Pharmacology  
Anatomy & Physiology  
Introduction to Speech Communication

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:



**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 3:** Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate's degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk may also demonstrate how the project can lead to a bachelor's degree. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

This particular career cluster and certification will prepare our students for a career in the medical field. It gives them the knowledge and certification to begin working in a hospital setting as they are continuing their education. The students pursuing this certification have ambitions to become a registered nurse or doctor.

The first step after graduating high school could be achieving an associate's degree for a Licensened Vocational Nurse. To complete this program at the community college that partners currently with Life School for our dual credit program, students would need to complete core education requirements for the university and specific courses related to the field of study. For the Licensed Vocational Nurse, students would complete Health Science, Basic Nursing Skills, Pharmacology, Essentials of Medication Administration, Clinical 1 – Practical Nurse, Vocational Nursing Concepts, Growth and Development, Medical – Surgical Nursing I, Pediatrics, Advanced Nursing Skills, Maternal-Neonatal Nursing, Clinical II Practical Nurse, Special Topics in Practical Nursing (role transition), Medical-Surgical Nursing II, Mental Health, Mental Illness, Professional Development and Clinical III – Practical Nurse.

As you can see our CTE courses in the career cluster are a starting point for Health Science, Pharmacology and patient care.

To transition from an LVN to a RN students will be required to complete the following (in addition to core educational requirements): General Psychology, Anatomy & Physiology I, Microbiology for non-science Majors, Lifespan Growth and Development, Introduction to Speech Communication or Public Speaking, Composition I, Anatomy & Physiology II, Concepts of Nursing Practice I for Articulating Studnets, Clinical – Nursing Practice I for Articulating Students, Concepts of Nursing Practice II for Articulating Studnets, Clinical – Nursing Practice II for Articulating Students, Nutrition and Diet Theraphy, Integrated Care of the Patient with Complex Health Care Needs, Clinical-Nursing Care of Clients with Complex Health Care Needs, Approved Language/Philosophy/Culture or Creative Arts, Mental Health Nursing, Integrated Client Care Management, Clinical-Integrated Client Management.

To pursue a registered Nurse students will be required to complete the following (in addition to core educational requirements): Foundations of Nursing Practice, Pharmacology, Clinical Nursing Foundations, Lifespan Growth and Developent, Integrated Care of the Patient with Common Health Care Needs, Clinical – Nursing Care of Clients with Common Health Care Needs, Care of Children and Families, Clinical – Nursing Care of Children and Families, Compositon I, Integrated Care of the Patient with Complex Health Care Needs, Clinical-Nursing Care of Clients with Complex Health Care Needs, Approved Language/Philosophy/Culture or Createive Arts, Mental Health Nursing, Clinical-Mental Health Nursing, Integrated Client Care Managemetn, and Clinical-Integrated Client Managemetn.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 4:** Identify the partner organizations that will help carry out the grant. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Life School has a partnership with Baylor Scott and White Hospital in Waxahachie. This partnership provides opportunities for our students in the practicum course with observational experience at the hospital. Students see patient care technicians within the hospital setting and get the real world experience in addition to the book knowledge taught within the classroom.

**TEA Program Requirement 5:** Identify at least one industry partner that will assist with curriculum development to support relevant and frequent industry experiences for students participating in the program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Life School has a partnership with Baylor Scott and White Hospital in Waxahachie. This partnership provides opportunities for our students in the practicum course with observational experience at the hospital. Our staff member works with the Director of Education for Baylor Scott and White to ensure that our students have received both classroom knowledge and exposure to the various departments within the hospital setting such as: emergency room, radiology, pharmacology, and shadow charge nurses.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 6:** Propose a sustainability plan to ensure that the school(s) will continue to meet the goals of the grant program after the end of the grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The initial start up cost is the \$20,000. They yearly renewal is \$3,500 which provides online access to curriculum and teacher support for updates. In addition, we would purchase the student workbooks for \$60.00 each. As you can see the 20% matching funds will more than cover the costs each year.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 7:** List capstone industry certifications and programs of study that were identified in partnership with postsecondary, industry, or other LEAs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

Click and type here to enter response.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 057807

Amendment # (for amendments only):

**TEA Program Requirement 8:** Explain how the awarding of a Perkins Reserve Grant will complement the existing CTE program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

Click and type here to enter response.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including <b>high school equivalency</b> (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

Via telephone/fax/email (circle as appropriate)

On this date:

By TEA staff person:



**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Gang-Related Activities (cont.)**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Drug-Related Activities**

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

Via telephone/fax/email (circle as appropriate)

On this date:

By TEA staff person:

**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Truancy**

#	Strategies for Absenteeism/Truancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 057807

Amendment number (for amendments only):

**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person: